

JUSTIFICATION TO RETAIN PURCHASING/CHECK-WRITING AUTHORITY

Cardholder Name: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Justification for retaining purchasing/check-writing authority:

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Cardholder

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Cardholder's Supervisor

When completed and signed, fax form to Rosalind Davis (916) 978-4444